622000440964

| (Requestor's Name) | | |
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: Wayfinder World LLC | |
|--|---|
| Name of Limited Liability | Company |
| DOCUMENT NUMBER: L22000440964 | |
| The enclosed Resignation of Registered Agent for a Limited for filing. | I Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to the | ne following: |
| United States Corporation Agents, Inc. | |
| Name of Person | - |
| Legalzoom.com, Inc. | |
| Name of Firm/Company | - |
| 9900 Spectrum Dr. | |
| Address | - |
| Austin, TX 78717 | |
| City/State and Zip Code | • |
| raresignations@legalzoom.com | · ' |
| E-mail address: (to be used for future annual report notification) | <u>.</u> 3 |
| For further information concerning this matter, please call: | |
| at (| 773-0888 |
| Name of Person Area Code | Daytime Telephone Number |

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisio | ons of section 605.0115, Florida Statutes, the | undersigned. |
|--|--|---|
| United States Corporation Agents, Inc. | | _ , hereby resigns as |
| Name of Registered Agent | | (nercoy resigns as |
| Registered Agent for V | Vayfinder World LLC | |
| | Name of Limited Liability Company | , |
| L22000440964 | | |
| Document N | umber, if known | |
| | on was mailed to the above listed limited liab | |
| The agency is terminate | ed and the office discontinued on the 31st day | after the date on which this statement is filed |
| | Cul | |
| | Signature of Resigning A | gent |
| If signing on behalf of a | nn entity: | |
| Cheyenne Moseley | | |
| Typed or Printed Name | | · · |
| | Asst. Secretary for United States Corporation | on Agents, Inc. |
| | Capacity | |
| | | |
| | | |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00